

Zoning Review Application

(A Building Permit May be Required)

757 Carolyn Avenue, Columbus, Ohio 43224

Phone: 614-645-6090 • Fax: 614-645-0082 • www.bzs.columbus.gov

ALL FEES ARE NON-REFUNDABLE • Please type or print all information

- | | |
|--|---|
| <input type="checkbox"/> 1, 2, OR 3 UNIT RESIDENTIAL | <input type="checkbox"/> PRELIMINARY ZONING ONLY REVIEW |
| <input type="checkbox"/> ADMINISTRATIVE SURFACE WAIVER (3312.43) | <input type="checkbox"/> TND REGULATING PLAN |
| <input type="checkbox"/> OTHER _____ | |

ADDRESS OF SITE (City, State, & Zip Code) _____

Unit/Suite _____ Bldg # / Lot# _____ Tax District/Parcel(s)# _____

Subdivision Complex Name _____

PROPERTY OWNER OF RECORD _____

Telephone _____ Fax _____

Address, City, State & Zip Code _____

E-Mail Address _____

APPLICANT (print)** _____ **SIGNATURE** _____

RELATIONSHIP TO THE OWNER ☐ SELF ☐ CONTRACTOR ☐ AGENT ☐ ARCHITECT/ENG ☐ ATTORNEY

Name of the Company (if other than self) _____

Telephone _____ Fax _____

Address, City, State & Zip Code _____

E-Mail Address _____

Soft Account/Pin # _____ Authorized Signature of Account _____

DESCRIBE EXISTING USE OF BUILDING PROPERTY _____

PROPOSED WORK (USE OF PROPERTY) _____

AREA OF CONSTRUCTION (SQ FT) _____

OFFICE USE ONLY

Zoning District: _____	Height District: _____	Ordinance #: _____
Arch. Review District: _____	LDN #: _____	Overlay District: _____
Flood Zone: _____	Panel#: _____	Map Date: _____
Use of Record: _____	Conforming Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature: _____		
Counter Adequacy: _____		
Zoning Approval: _____		

PLEASE NOTE: Incomplete information will result in the rejection of this submittal.

For all questions regarding this form please call: 614-645-8637

Please make checks payable to the Columbus City Treasurer